

Fill in this information to identify your case:

Debtor 1 Keith M. Scriven  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing)     
First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number 22 - 11818 AMC  
 (If known)

☐ Check if this is an amended filing

Official Form 104

**For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders**

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an *insider*. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

**Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.**

	Unsecured claim
<p><b>1</b></p> <p>William Whalon  <small>Creditor's Name</small>            138 North 2nd Street  <small>Number Street</small>            Philadelphia, PA 19106  <small>City State ZIP Code</small>            Contact            Contact phone</p> <p>What is the nature of the claim? <u>personal loan</u></p> <p>As of the date you file, the claim is: Check all that apply.  <input checked="" type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed  <input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$            Value of security: - \$            Unsecured claim \$</p>	<p>\$ 80,000.00</p>
<p><b>2</b></p> <p>Capital One  <small>Creditor's Name</small>            P.O. Box 30285  <small>Number Street</small>            Salt Lake City, UT 84130  <small>City State ZIP Code</small>            Contact            (877) 383-4802  <small>Contact phone</small></p> <p>What is the nature of the claim? <u>credit card</u></p> <p>As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed  <input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$            Value of security: - \$            Unsecured claim \$</p>	<p>\$ 4,565.00</p>

Debtor 1 **Keith M. Scriven**  
First Name Middle Name Last Name

Case number (if known) **22 - 11818 AMC**

**Unsecured claim**

<b>3</b>	<b>Credit One Bank, N.A.</b> <small>Creditor's Name</small> <b>6801 So. Cimarron Road</b> <small>Number Street</small>  <b>Las Vegas, NV 89113</b> <small>City State ZIP Code</small>  <small>Contact</small> <b>(877) 825-3242</b> <small>Contact phone</small>	<b>What is the nature of the claim?</b> <u>credit card</u> <div style="text-align: right;">\$ <u>2,025.00</u></div> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply  <b>Does the creditor have a lien on your property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ <div style="margin-left: 100px;">Value of security: - \$ _____</div> <div style="margin-left: 100px;">Unsecured claim \$ _____</div>
<b>4</b>	<b>Philadelphia Gas Works</b> <small>Creditor's Name</small> <b>800 W. Montgomery Avenue</b> <small>Number Street</small>  <b>Philadelphia, PA 19122</b> <small>City State ZIP Code</small>  <small>Contact</small> <b>(215) 235-1000</b> <small>Contact phone</small>	<b>What is the nature of the claim?</b> <u>gas services</u> <div style="text-align: right;">\$ _____</div> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply  <b>Does the creditor have a lien on your property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ <div style="margin-left: 100px;">Value of security: - \$ _____</div> <div style="margin-left: 100px;">Unsecured claim \$ _____</div>
<b>5</b>	<b>PECo Energy Co.</b> <small>Creditor's Name</small> <b>2301 Market Street</b> <small>Number Street</small>  <b>Philadelphia, PA 19103</b> <small>City State ZIP Code</small>  <small>Contact</small> <b>(800) 494-4000</b> <small>Contact phone</small>	<b>What is the nature of the claim?</b> <u>electrical services</u> <div style="text-align: right;">\$ _____</div> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply  <b>Does the creditor have a lien on your property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ <div style="margin-left: 100px;">Value of security: - \$ _____</div> <div style="margin-left: 100px;">Unsecured claim \$ _____</div>
<b>6</b>	<b>OpenSky Capital Bank</b> <small>Creditor's Name</small> <b>P.O. Box 8130</b> <small>Number Street</small>  <b>Reston, VA 20195</b> <small>City State ZIP Code</small>  <small>Contact</small> <b>(800) 859-6412</b> <small>Contact phone</small>	<b>What is the nature of the claim?</b> <u>electrical services</u> <div style="text-align: right;">\$ <u>55.00</u></div> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply  <b>Does the creditor have a lien on your property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ <div style="margin-left: 100px;">Value of security: - \$ _____</div> <div style="margin-left: 100px;">Unsecured claim \$ _____</div>
<b>7</b>	<b>Santander Consumer USA, Inc.</b> <small>Creditor's Name</small> <b>P.O. Box 961245</b> <small>Number Street</small>  <b>Fort Worth, TX 76161</b> <small>City State ZIP Code</small>  <small>Contact</small> <b>(800) 526-0157</b> <small>Contact phone</small>	<b>What is the nature of the claim?</b> <u>auto contract balance</u> <div style="text-align: right;">\$ <u>1.00</u></div> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply  <b>Does the creditor have a lien on your property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ <div style="margin-left: 100px;">Value of security: - \$ _____</div> <div style="margin-left: 100px;">Unsecured claim \$ _____</div>

Debtor 1 **Keith M. Scriven**  
 First Name Middle Name Last Name

Case number (if known) **22 - 11818 AMC**

**Unsecured claim**

**8**

Creditor's Name \_\_\_\_\_  
 Number Street \_\_\_\_\_  
 City State ZIP Code \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Contact phone \_\_\_\_\_

**What is the nature of the claim?** \_\_\_\_\_ \$ \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☐ None of the above apply

**Does the creditor have a lien on your property?**

- ☐ No  
☐ Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
 Value of security: - \$ \_\_\_\_\_  
 Unsecured claim \$ \_\_\_\_\_

**9**

Creditor's Name \_\_\_\_\_  
 Number Street \_\_\_\_\_  
 City State ZIP Code \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Contact phone \_\_\_\_\_

**What is the nature of the claim?** \_\_\_\_\_ \$ \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☐ None of the above apply

**Does the creditor have a lien on your property?**

- ☐ No  
☐ Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
 Value of security: - \$ \_\_\_\_\_  
 Unsecured claim \$ \_\_\_\_\_

**10**

Creditor's Name \_\_\_\_\_  
 Number Street \_\_\_\_\_  
 City State ZIP Code \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Contact phone \_\_\_\_\_

**What is the nature of the claim?** \_\_\_\_\_ \$ \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☐ None of the above apply

**Does the creditor have a lien on your property?**

- ☐ No  
☐ Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
 Value of security: - \$ \_\_\_\_\_  
 Unsecured claim \$ \_\_\_\_\_

**11**

Creditor's Name \_\_\_\_\_  
 Number Street \_\_\_\_\_  
 City State ZIP Code \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Contact phone \_\_\_\_\_

**What is the nature of the claim?** \_\_\_\_\_ \$ \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☐ None of the above apply

**Does the creditor have a lien on your property?**

- ☐ No  
☐ Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
 Value of security: - \$ \_\_\_\_\_  
 Unsecured claim \$ \_\_\_\_\_

**12**

Creditor's Name \_\_\_\_\_  
 Number Street \_\_\_\_\_  
 City State ZIP Code \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Contact phone \_\_\_\_\_

**What is the nature of the claim?** \_\_\_\_\_ \$ \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☐ None of the above apply

**Does the creditor have a lien on your property?**

- ☐ No  
☐ Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
 Value of security: - \$ \_\_\_\_\_  
 Unsecured claim \$ \_\_\_\_\_

Debtor 1 **Keith M. Scriven**  
 First Name Middle Name Last Name

Case number (if known) **22 - 11818 AMC**

**Unsecured claim**

<b>13</b>	Creditor's Name _____  Number _____ Street _____  City _____ State _____ ZIP Code _____  Contact _____  Contact phone _____	<p><b>What is the nature of the claim?</b> _____ \$ _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> None of the above apply</p> <p><b>Does the creditor have a lien on your property?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____</p> <p style="margin-left: 100px;">Value of security: - \$ _____</p> <p style="margin-left: 100px;">Unsecured claim \$ _____</p>
<b>14</b>	Creditor's Name _____  Number _____ Street _____  City _____ State _____ ZIP Code _____  Contact _____  Contact phone _____	<p><b>What is the nature of the claim?</b> _____ \$ _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> None of the above apply</p> <p><b>Does the creditor have a lien on your property?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____</p> <p style="margin-left: 100px;">Value of security: - \$ _____</p> <p style="margin-left: 100px;">Unsecured claim \$ _____</p>
<b>15</b>	Creditor's Name _____  Number _____ Street _____  City _____ State _____ ZIP Code _____  Contact _____  Contact phone _____	<p><b>What is the nature of the claim?</b> _____ \$ _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> None of the above apply</p> <p><b>Does the creditor have a lien on your property?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____</p> <p style="margin-left: 100px;">Value of security: - \$ _____</p> <p style="margin-left: 100px;">Unsecured claim \$ _____</p>
<b>16</b>	Creditor's Name _____  Number _____ Street _____  City _____ State _____ ZIP Code _____  Contact _____  Contact phone _____	<p><b>What is the nature of the claim?</b> _____ \$ _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> None of the above apply</p> <p><b>Does the creditor have a lien on your property?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____</p> <p style="margin-left: 100px;">Value of security: - \$ _____</p> <p style="margin-left: 100px;">Unsecured claim \$ _____</p>
<b>17</b>	Creditor's Name _____  Number _____ Street _____  City _____ State _____ ZIP Code _____  Contact _____  Contact phone _____	<p><b>What is the nature of the claim?</b> _____ \$ _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> None of the above apply</p> <p><b>Does the creditor have a lien on your property?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____</p> <p style="margin-left: 100px;">Value of security: - \$ _____</p> <p style="margin-left: 100px;">Unsecured claim \$ _____</p>

Debtor 1 **Keith M. Scriven**  
First Name Middle Name Last Name

Case number (if known) **22 - 11818 AMC**

**Unsecured claim**

**18**

Creditor's Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Contact \_\_\_\_\_  
Contact phone \_\_\_\_\_

What is the nature of the claim? \_\_\_\_\_ \$ \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No  
☐ Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**19**

Creditor's Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Contact \_\_\_\_\_  
Contact phone \_\_\_\_\_

What is the nature of the claim? \_\_\_\_\_ \$ \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No  
☐ Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**20**

Creditor's Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Contact \_\_\_\_\_  
Contact phone \_\_\_\_\_

What is the nature of the claim? \_\_\_\_\_ \$ \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

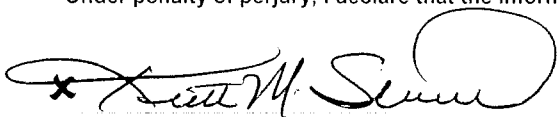
- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No  
☐ Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**Part 2: Sign Below**

Under penalty of perjury, I declare that the information provided in this form is true and correct.

x  x

Signature of Debtor 1

Date 7/25/2022  
MM / DD / YYYY

Signature of Debtor 2

Date \_\_\_\_\_  
MM / DD / YYYY